U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	ORTHOPEDI KNEE a	C DEVICE ALLOW.	S KNEELING HER JOINTS	without CONTACT to the						
As the below named inventor(s), I/we declare that:										
This declaration is di	rected to:									
	The atta	ched application, or								
	Application	tion No	, filed on							
	as	amended on		(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;										
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;										
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.										
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.										
FULL NAME OF IN	(ENTOR(O)			7 - 100						
FULL NAME OF INVENTOR(S)										
Signature: Servates Signature: Servates										
Signature:	///	CHIZE	1101. <u>47077 E</u>	V SIMIES						
Inventor two:/	//	Υ								
Signature:		Citize	n of:	· · · · · · · · · · · · · · · · · · ·						
Inventor three:										
Signature:		Citize	n of:							
Inventor four:										
Signature:		Citize	n of:							
Additional inver	ntors or a legal repre	esentative are being named o	1	additional form(s) attached hereto.						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BERNADETTE JESTRABEK-HART Orthopedic Device Allows Kneeling without Contact to the Knee

06/19/2003

PTO/SB/81 (05-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

First Named Inventor

Filing Date

Title

POWER OF ATTORNEY OR

AUTHORIZATION OF AGENT

					· · · · · · · · · · · · · · · · · · ·							
Examin				ner Name								
				Attorne	ney Docket Number 3063			3				
I hereby appoint:												
	Practitioners at Customer Number											
or 35459												
PATENT TRADEMARK OFFICE PATENT TRADEMARK OFFICE												
	Name						Registration Number					
l —												
	· '											
				· ·		-						
as my/our a	attornev(s) or agent(s) to prosecu	te the application ic	lentified a	above and to t	ransa	ct all busines	s in the Ur	ited States Patent and			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.												
Please change the correspondence address for the above-identified application to:												
The above-mentioned Customer Number.												
OR												
		. N. 1							Place Customer			
Practitioners at Customer Number. Number Bar Code					lumber Bar Code Label here							
							L		Laber Here			
OR			 		····							
ΙП	Firm or Individual Name											
Addr												
Addr												
City					State	T		Zip	<u> </u>			
<u> </u>	ntm (Otate			Zip	<u></u>			
Cour	phone				Fax				·			
	priorie				l rax							
lam the: I ☑												
Applicant/Inventor.												
	ssignee of record of t											
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).												
SIGNATURE of Applicant or Assignee of Record												
Name	Name BERNADERTE JESTRABEK-HART											
Signature	de constant prof to											
Date	06/19/2003						Telephone	208	-887-9632			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

forms are submitted.

*Total of